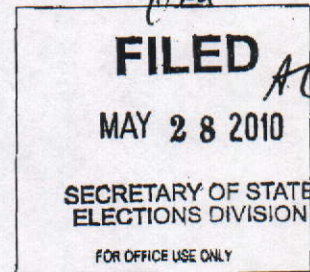


THOMAS KOZIOŁ STATE SENATE 1  
Name (print) 2010 MAYER WAY SPARKS NV 89431 775 354 9526  
Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP  
☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG

- ☐ Annual Filing - Due January 15, 2010  
Period: January 1, 2009 - December 31, 2009
- ☒ Report #1 - Due June 1, 2010\*  
Period: Jan. 1, 2010 - May 27, 2010
- ☐ Report #2 Due - October 26, 2010\*  
Period: May 28, 2010 - Oct. 21, 2010
- ☐ Report #3 Due - January 15, 2011\*\*  
Period: Oct. 22, 2010 - Dec. 31, 2010
- ☐ Annual Filing - Due January 15, 2011  
Period: January 1, 2010 - December 31, 2010



\* These Reports are filed by incumbents/candidates in the 2010 election cycle  
\*\* Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
(See page 1 of instruction sheet)
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans that were forgiven  
(See page 2 of instruction sheet)

| This Period | Cumulative From Beginning of Report Period #1 through End of This Reporting Period |
|-------------|--|
| 552.32      | 552.32   |
| 0           | 0  |
| 0           | 0  |

4. Total Amount of Monetary Contributions Received  
(Add Lines 1 through 3) (See page 2 of instruction sheet)
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
(See page 2 of instruction sheet)
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

|   |   |
|---|---|
| 0 | 0 |
| 0 | 0 |

552.32 552.32

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100  
(See page 3 of instruction sheet)
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

|   |   |
|---|---|
| 0 | 0 |
|---|---|

552.32 552.32

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

*Thomas Kozioł*  
Signature

5.28.10  
Date







## Report Period | # 1

1  
District (if applicable)

[illegible]

PAGE 4 OF 6



## CAMPAIGN EXPENSES

Report Period # 1

Name (print)

THOMAS KOZIO

SENATE  
Office (if applicable)District (if applicable) 1

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH<br>EXPENSE | AMOUNT OF<br>EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| SETFOR<br>BAK33238<br>Lemo 89533  | D   | 4.6.10                  | 552.32                    |
|   |   |                         |                           |
|   |   |                         |                           |
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IN KIND CAMPAIGN  
CONTRIBUTIONS

Report Period # 1

Name (print) THOMAS KOZIOLO

Office (if applicable) SENATE

District (if applicable) 1

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

| CONTRIBUTOR'S<br>NAME AND<br>ADDRESS | DATE OF<br>EACH<br>IN KIND<br>CONTRI-<br>BUTION | DESCRIPTION OF<br>EACH<br>IN KIND<br>CONTRIBUTION | VALUE OR COST<br>OF EACH<br>IN KIND<br>CONTRIBUTION/<br>COMMITMENT | CHECK<br>HERE<br>IF<br>LOAN | NAME AND<br>ADDRESS OF 3 <sup>RD</sup><br>PARTY IF LOAN<br>GUARANTEED<br>BY 3 <sup>RD</sup> PARTY | NAME AND<br>ADDRESS OF<br>PERSON WHO<br>FORGAVE THE<br>LOAN |
|--------------------------------------|---|---|--|-----------------------------|---|---|
| N/A                                  |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
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|                                      |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
|                                      |   |   |  |                             |   |   |
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ROSS MILLER  
SECRETARY OF STATE  
State of Nevada  
2010

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

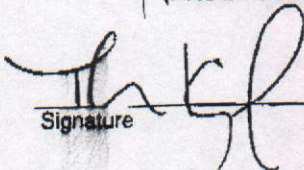
Candidate  
Acknowledgement

I, Thomas Koziol, hereby acknowledge receipt of the required forms and filing date schedule for the reporting of contributions and expenses pursuant to the Nevada Campaign Practices Act. I understand that:

- I must file the prescribed reports by:  
Report No. 1 – June 1, 2010  
Report No. 2 – October 26, 2010  
Report No. 3 – January 15, 2011
- A violation of the reporting of contributions and expenses is subject to a civil penalty of up to \$5,000 for each violation and payment of court costs and attorney's fees;
- I must file the required Contributions & Expenses Reports even though:
  - (1) I withdraw my candidacy;
  - (2) I have no opposition;
  - (3) I lose the primary;
  - (4) My name does not appear on either the primary or general election ballot;
  - (5) I am elected to office;
  - (6) I do not file a declaration of candidacy, but am a candidate as defined in NRS 294A.005 because I have received campaign contributions in excess of \$100; or
  - (7) I do not receive contributions and/or expend any funds (less the filing fee).

➤ I UNDERSTAND THAT A MONETARY CIVIL PENALTY MAY BE ASSESSED TO ME FOR FAILURE TO TIMELY FILE THESE REPORTS. (NRS 294A.420)

➤ I UNDERSTAND THAT EACH REPORT MUST BE SIGNED UNDER PENALTY OF PERJURY. (NRS 294A.120, 294A.200)

  
\_\_\_\_\_  
Signature

Received and Filed:

This \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Filing Officer

FILING OFFICER: This form is to be signed, detached and a copy is to be given to the candidate.

Any questions? Please visit our website or contact this office at the following:  
101 N. Carson Street, Suite 31, Carson City, NV 89701 • 775-684-3705 • [www.sos.state.nv.us](http://www.sos.state.nv.us) • [invelegw@postmail.state.nv.us](mailto:invelegw@postmail.state.nv.us)

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